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ABSTRACT

Despite the growing need for child day care, the absence of federal regulation of child care centers gives individual states great authority in licensing care. Since states are the final authority concerning day care licensing, the quality of care varies from state to state. This study determined the extent to which current child care standards in the United States meet the criteria established in the 50 proxy standards developed and adopted by the American Public Health Association (APHA) and the American Academy of Pediatrics (AAP). The child care licensing administrators of the 50 states were surveyed using the AAP-APHA Collaborative Child Care Standards Project Survey of State Licensing Regulations. Forty-eight states responded. Several comparisons were made: (1) current child care standards in the states were compared to the criteria established through the 50 APHA-AAP proxy standards; (2) this assessment of the 10 technical panel content areas of the 50 proxy standards was compared with the initial assessment conducted by the APHA and AAP; and (3) state differences on the 7 different configurations of the National Association for the Education of Young Children (NAEYC) Affiliate Structure were compared to the composite score of the 50 APHA-AAP proxy standards. The present study is, therefore, a partial replication of the original APHA-AAP study. This study found improvements in the child care licensing regulations since the original APHA-AAP study was made: states met 6 of the proxy standards with an excellent rating; compliance with 43 proxy standards increased, while compliance with 7 standards decreased; and 41 states increased their composite scores, while scores of 6 states declined. (Contains 14 references.) (TM)

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Abstract

Child Care Standards

Throughout the Fifty States

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Paper Presented
at
The Annual Meeting
of the
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ABSTRACT

The purpose of this study was to ascertain the extent that the current child care standards met the criteria established through the fifty (50) proxy standards developed and adopted by the American Public Health Association (APHA) and the American Academy of Pediatrics (AAP); to compare this assessment of the ten technical panel content areas of the fifty (50) proxy standards with the initial assessment conducted by the APHA and AAP; and to compare differences in the seven different configurations by state, of the National Association for the Education of Young Children (NAEYC) Affiliate Structure (see Appendix A) on the composite score of the fifty (50) proxy standards set forth by APHA and AAP. This study was made through a survey (AAP/APHA Collaborative Child Care Standards Project Survey of State Licensing Regulations), administered to the child care licensing administrators in each of the fifty states.

A survey was used to gather data to address the fifty (50) proxy standards set forth by the APHA/AAP. Fifty child care licensing administrators were surveyed. Forty-eight child care licensing administrators responded. Nevada and North Dakota did not respond and

were not included.

The partial replicated study found six (6) proxy standards that were met, excellently, according to the fifty (50) proxy standards established by AAP/APHA. No significant difference was found in the mean composite scores between the seven different configurations of the NAEYC Affiliate Structure by state. Improvements were found to have been made in the state child care licensing regulations since the original study was conducted. Forty-three (43) proxy standards were found to increase, while seven (7) proxy standards decreased. Forty-one (41) states increased their composite scores, six (6) states decreased their composite scores, and one (1) state had a composite score that stayed the same. The highest top four score ratings in the partial replicated study were in the environmental quality technical panel content area which showed 83% of the scores. The highest top four score ratings in the original study were in the environmental quality technical panel content area which showed 62% of the scores. The lowest top four score ratings in the partial replicated study were in the staff health technical panel content area which showed 2% of the scores. The lowest top four score ratings in the original study were in the staff health technical panel

content area which showed 0% of the scores. These changes that were found show strengths and weaknesses in the child care standards compared in the forty-eight (48) states. However, it is important to note that the guidelines used for the comparison were those set forth by AAP/APHA National Performance Standards only for Health, Safety, Nutrition, and Sanitation for out-of-home child care programs.

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INTRODUCTION

Increasing economic pressures in America will continue to necessitate day care programs. As more and more women enter the nation's workforce, the need for child care continues to grow. Some of these women must leave home to supplement the family incomes and others who are widowed or divorced work outside the home to support their children. Fewer families are composed of the traditional mother, father, and children groupings. It has been estimated that by the 1990's, only 25 percent of married women will be full-time mothers and housewives. It is also projected that the number of children under the age of six with working mothers will have increased from 7.1 million in the 1980's to 10.5 million in the 1990's. Existing child care centers now are truly unable to meet the growing need and demand for their services (Zigler & Gordon, 1982).

From 1970 to 1976 the number of day care/child care centers that served three- to five-year olds jumped from 14,000 to 18,300. This 30 percent increase reflected the expansion of federally funded day care through the Title XX program. The child care tax credit program reaches America's middle incomes families. America has also seen the growth of kindergarten and Head Start programs, which

numerous families use in combination with other day care arrangements. Over the last ten years America has even seen the expansion of a "purchase-of-service delivery system for day care," a system allowing state welfare agencies to buy slots from eligible centers. This newer system will be what the United States will have to use to build on in future years, even though it does not work as well as the proponents of this 1971 legislation had envisioned (Zigler & Gordon, 1982).

Public support for such programs has been voiced clearly in the nation to help working families solve their child care problems, but affordability, obviously, becomes a problem. Half of all working families paid for child care in 1982, with their expenditure averaging about $1,100. Four expressions of public support for day care assistance should be noted. First, a Gallup survey entitled "American Families--1980" discovered that 70 percent of the people interviewed favored tax credits to help working parents meet even part of their child care costs. Second, the 1980 White House Conference on Families advised the adoption of child/dependent care credits; supported and promoted for a variety of child care choices; encouraged adoption of increased child care funding; and advised the adoption of personnel policies

that recognize, among other things, a need for child care services. Third, the National Child Care Consumer Study found that 82 percent of parents with children under the age of fourteen believed that the cost of day care should be adjusted to fit a parent's ability to pay, while 9 percent of these parents favored free care. Fourth, Zigler & Gordon (1982) discovered that 60 percent of readers who responded to the Better Homes and Gardens questionnaire believed that tax credits used in 1982 should be either increased or adjusted for inflation. Clearly, public support has grown for specific actions to make day care/child care more affordable (Zigler & Gordon, 1982).

Zigler & Gordon (1982) further pointed out that in 1970 the White House Conference on children named quality day care/child care as a number one need of families in America with children. Despite this declaration, federal standards for child care quality still are virtually non-existent. The absence of federal regulations of child care centers gives individual states great authority in the licensing of child care centers. Fortunately, in 1982 states such as Connecticut and New York had fairly strict and reasonable standards. But other states like Florida, Mississippi, and New Mexico in

1982 permitted one adult to care for ten infants. The laxity of such requirements is obvious when one considers the helplessness of one adult to transport ten infants in case of a fire or other disaster (Zigler & Gordon, 1982).

Moukadden (1990) stated that child care programs must have infectious disease prevention control in order to provide "true quality" child care. Moukadden (1990) further gave three ways to help stop the spread of these infectious diseases: (1) vaccinations for vaccine-preventable diseases, (2) medical care and education, and (3) proper sanitation practices. Specifically, Moukadden (1990) recommended compulsive handwashing, careful diapering, frequent disinfecting, and adequate ventilation as some of those major sanitation practices needed in child care centers. However, according to Moukadden (1990), consultations with health care professionals along with the use of published health materials still provide the "best" control for preventing the spread of any infectious disease.

Kendall (1989) found that children under three years of age who are in day care/child care centers are at risk. The United States Centers for Disease Control have discovered a casual relationship between the infant/group

child care and a number of diseases that are spread through contact. Three of these contact diseases are: (1) hepatitis A, (2) diarrheal diseases, and (3) hemophilus influenzsae type B. Kendall (1989) recommended that fewer infants be included in group child care settings, and better sanitation training be given to staff in child care centers; that lower adult-infant ratios be maintained in child care centers; that more home-care options be available for the infants to two year olds; and that state and federal regulations be improved.

Endsley & Bradbard (1981) stressed the fact that day care licensing requirements in all fifty states do provide for safety and health of their children. However, day care centers must have procedures and policies that meet more appropriate medical guidelines before the children can be accepted into the center. When accidents happen, prompt attention must be given to the children. When children become ill at the center, their needs must be met immediately. Each state does have specific sanitation and fire requirements (Endsley & Bradbard, 1981).

The demand for child care has become greater and greater. This country is facing what several authorities

on child care call a real crisis situation. The demand spotlights the areas where infants, toddlers, preschool children, and school-age children are involved. The demands on child care have stretched the levels of program quality. Staffing with recruitment problems such as inadequate salaries and difficult working conditions have developed. Affordability has also become a major issue in the child care crisis (Willer, 1987).

In 1968 all the day care/child care centers that received federal funding were required to meet the Federal Inter-agency Day Care Requirements (FIDCR). Klass (1983) stated that these were the first federal standards for day care. Zigler & Gordon (1982) noted that FIDCR has never been fully enforced, but revisions were made in 1972. Klass (1983) further pointed out that the poor enforcement can be shown in the fact that in 1980 no state withheld day care payments because FIDCR standards were not met. It is important to note at this time that no single federal day care/child care program exists. However, a variety of federal legislation provides funding for day care/child care services (Malone, 1984).

The states are the final authority concerning day care/child care center licensing. Federally funded

centers must also be licensed. Both the licensing and enforcement of FIDCR standards are controlled by the states. The states also license other centers such as proprietary centers (profit-making) and non-profit centers. Since licensing standards vary among the states, and are poorly enforced, the quality of day care/child care varies from state to state. Because state licensing has been left in most states to their welfare departments, a relief image has been projected onto day care/child care instead of a child development or educational service image (Klass, 1983).

The licensing of child care centers should be handled with great care. The quality of care in day care programs can be directly linked with a set of standards imposed through state licensing practices. This licensing process should promote the safety and well being of our children in America (Terpstra, 1989).

Few studies have been conducted during the past ten years to compare child care licensing standards in America. Most research studies have been conducted on only an individual state basis. Three studies were found that were pertinent to this proposed study which will compare child care standards throughout the fifty states. The first two studies that will be mentioned noted very

little change in child care standards from 1978 - 1982. The first study to be reviewed was conducted by Collins & Hawkins (1983) who discovered that only two child care changes had occurred during the period of time from 1978 - 1982. Kendall and Walker (1984) conducted the second study under discussion which found more changes in child care in 1980. The third study that will be mentioned was reported by Aronson (1988). Aronson was involved in a collaborative project of the American Academy of Pediatrics and the American Public Health Association.

Those studies at this point represent the research available related to child care licensing standards. Continuous research needs to be conducted through replication and logical extensions of these previous studies to determine if these trends continue.

Purpose of the Study

The specific intent of this investigation was to, through a survey (AAP/APHA Collaborative Child Care Standards Project Survey of State Licensing Regulations), administered to the child care licensing administrators in each of the fifty states, ascertain the extent that the current child care standards meet the criteria established through the fifty (50) proxy standards

developed and adopted by the APHA and AAP; compare this assessment of the ten technical panel content areas of the fifty (50) proxy standards with the initial assessment conducted by APHA and AAP.; and to compare differences in the seven different configurations, by state, of the National Association for the Education of Young Children (NAEYC) Affiliate Structure on the composite score of the fifty (50) proxy standards set forth by the APHA and AAP.

Research Methodology

This study was a partial replication of a previous study conducted by the American Academy of Pediatrics' (AAP) and the American Public Health Association's (APHA) National Health and Safety Performance Standards for Out-of-Home Child Care Programs. The previous study developed fifty (50) proxy standards in a review of state licensing regulations. It was a national study of out-of-home child care programs. It addressed the health, safety, nutrition, and sanitation concerns in out-of-home child care programs. The groups studied were: the fifty states and eight cities that license child care centers, forty states and one city that license group day care homes, and forty-eight states and five cities that license family day care homes. This previous survey and

project were funded by the Bureau of Maternal and Child Health, Department of Health and Human Services Grant No. MCJ 1130011-2 (Chang et al., 1991).

On October 31, 1990, permission was granted to conduct a partial replicated study of the study cited above. The two co-chairs of the project, Dr. Albert Chang and Dr. George Sterne, and the project director, Debra Hawks Peabody gave their permission at that time. Dr. Albert Chang, co-chair of the previous project, released the survey instrument,"AAP/APHA Collaborative Child Care Standards Project Survey of State Licensing Regulations" to the researcher in January 1991.

This current study surveyed child care licensing regulations throughout the fifty states, only. Fifty state child care licensing administrators were surveyed. The Children's Defense Fund's mailing list of State Child Care Licensing Administrators was utilized to distribute the survey instrument, "AAP/APHA Collaborative Child Care Standards Project Survey of State Licensing Regulations". Although the Children's Defense Fund's mailing list of State Child Care Licensing Administrators was utilized, a new current list of forty-eight state child care licensing administrators was developed during the partial replicated study.

The survey instrument was mailed in the summer of 1992 to the fifty state child care administrators. After the initial returns were recieved a follow-up was conducted via mail and telephone and all but two states (Nevada and North Dakota) had responded by the end of November 1992.

A survey was used to gather data to address the extent to which the fifty (50) proxy standards set forth by the APHA/AAP were met by the states responding. A proxy standard was considered met, if 80% of the states responded Present Specific or Present In Health Code. Fifty child care licensing administrators were surveyed. Forty-eight (96%) child care licensing administrators responded. Nevada and North Dakota did not respond and were not included.

Descriptive statistical analysis along with various tables were used to report the analysis. This analysis was in the form of percentages and frequency of responses to specific category ratings (Absent=0, Present General=1, Present Specific=2, Present In Health Code=2) as was used in the previous study, but now in the partial replicated study the analysis was only to the fifty (50) proxy standards by state and seven different configurations. Additionally a total score was computed

for each state. The Kruskal-Wallis one-way analysis of variance was run to compare the total score for all fifty (50) proxy standards and between states within seven different configurations of the National Association for the Education of Young Children's (NAEYC) Affiliate Group Structure. The alpha level of .05 was used for rejection of all hypotheses.

Findings

This study was designed to answer the following questions to determine the extent to which child care licensing standards throughout the fifty states met the criteria for National Health, Safety, Nutrition , and Sanitation Standards for out-of-home child care programs established by the American Public Health Association (APHA) and the American Academy of Pediatrics (AAP). The research questions posed and answers derived from the data analysis are as follows:

1. To what extent does each state meet the fifty (50) proxy standards set forth by the APHA/AAP?

If the states scored in the range of 80% or above on a proxy standard under the Percent Meeting Standards category, then it was determined that the proxy standard was met. Only six (6) out of the fifty (50) proxy standards were found to be met in the partial replicated

study, because they fell in the 80% and above range. The proxy standards were found to be met and were considered excellent in the environmental quality, prevention and control of infectious diseases, injury prevention and control, and general health technical panel content areas. The two (2) proxy standards met in the environmental quality technical panel content area were as follows: (1) 93.8% of the states surveyed require hygienic sanitation practices in food handling and preparation and (2) 87.5% of the states surveyed require safe storage of toxic and other dangerous materials from children. The two (2) proxy standards met in the prevention and control of infectious diseases technical panel content area were as follows: (1) 95.9% of the states surveyed require adequate immunization appropriate for age according to the schedule of the American Academy of Pediatrics for polio, DPT, and measles and 81.3% of the states surveyed require that the program notify local or state health department of reportable communicable diseases. The one (1) proxy standard met in the injury prevention and control technical panel content area was as follows: (1) 85.4% of the states surveyed require a fire drill be practiced periodically at least once a year. The one (1) proxy standard met in the general

health technical panel content area was as follows: (1) 87.5% of the states surveyed require that child care facilities have a written policy regarding the administration of medications. No proxy standards were met in the nutrition, prevention and management of child abuse, staff health, children with special needs, health concerns related to social environment and child development, and health and safety organization and administration technical panel content areas.

Since six (6) proxy standards were met in the excellent 80% or above range, the other forty-four (44) proxy standards were only poorly met in specific percent ranges below 79%. Twenty-four (24) proxy standards that were under the Percent Meeting Standards category fell above the 50% range as well as twenty-six (26) proxy standards in this category fell below the 50% range. The proxy standards that were met were specifically found in the following ranges: (1) eleven (11) proxy standards were met in the 0 to 10% range; (2) five (5) proxy standards were met in the 11 to 20% range; (3) four (4) proxy standards were met in the 21 to 30% range; (4) two (2) proxy standards were met in the 31 to 40% range; (5) four (4) proxy standards were met in the 41 to 50% range; (6) four (4) proxy standards were met in the 51 to 60%

range; (7) three (3) proxy standards were met in the 61 to 70% range; (8) eleven (11) proxy standards were met in the 71 to 80% range; (9) four (4) proxy standards were met in the 81 to 90% range; and (10) two (2) proxy standards were met in the 91 to 100% range. Not one standard was found that every state met. If a standard had been met by every state, it would have fallen in the 100% range only.

The total state scores in the partial replicated study were found to range from Idaho=16 to Utah=79, with a mean of 54.33. The possible total composite score was 100. Thirty-one (31) states scored 50 points or above. Only seventeen (17) states scored below 50 points. Forty-eight states responded to the partial replicated study. Nevada and North Dakota did not respond and were not included.

The original study surveyed the fifty states and eight cities. The total scores for cities were found to range from Anchorage=13 to Las Vegas=45. State scores were found to range from Idaho=7 to Delaware=76, with a mean of 47.32. The possible total composites score was 100. Fifteen (15) states scored 50 points or above, while thirty-five (35) states scored below 50 points.

2. How does the present assessment of the extent to

which the fifty states meet the ten technical panel content areas of the fifty (50) proxy standards compare to the initial assessment conducted by APHA and AAP?

The following are the ten technical panel content areas:

A. environmental quality
B. prevention and control of infectious diseases
C. injury and prevention and control
D. general health (including health promotion and medical care)
E. nutrition
F. prevention and management of child abuse
G. staff health
H. child with special needs (disabilities and chronic illnesses)
I. health concerns related to social environment and child development
J. health and safety organization and administration

Forty-eight (48) states were compared in the partial replicated study. Nevada and North Dakota did not respond and were not included. One significant

comparison finding in the data results was that forty-one (41) states or 85.4% of those responding showed an increase in their composite scores. Six (6) states or 12.3% of those responding showed an decrease in their composite scores. One (1) state or 2.1% of those responding had no change in its composite score. The average increase of the forty-one (41) states that improved their composite scores was 34.6%. The average of the six (6) states that decreased their composite scores was 9.8%. The state of Mississippi and the highest percentage composite score increase which was 140.0% Arizona had the smallest percentage composite increase which was 2.0%. The state with the largest percentage composite decrease was West Virginia having a 20.4% decrease. Delaware had the smallest percentage of composite score decrease which was 1.3% decrease.

The data also indicated that the average composite score for the original study was 42.60 points while for the partial replicated it was 54.33 points. Therefore, the average state composite score increase was 11.73. The highest possible score was 100. This increase signifies that the states must have utilized these fifty (50) proxy standard national health, safety, nutrition, and sanitation guidelines, because overall they have

begun to change their state regulations to include more of these proxy standards.

Of the fifty (50) proxy standards compared forty-three (43) of these standards showed a percentage increase. Only seven (7) proxy standards showed a percentage decrease when compared. The increases were shown in the proxy standards of the environmental quality, prevention and control of infectious diseases, injury prevention and control, and prevention and management of child abuse technical panel content areas. The decreases were shown in the proxy standards in the general health, nutrition, staff health, children with special needs, health concerns related to social environment and child development, and health and safety organization and administration technical panel content areas.

All five of the proxy standards in the environmental quality content area showed a percentage increase. The highest proxy standard increase was the one that requires environmentally safer locations of child care programs.

All five of the proxy standards in the prevention and control of infectious diseases technical panel content area showed a percentage increase. The highest proxy standard increase was the one that requires the HIB

vaccine.

All five of the proxy standards in the injury prevention and control technical panel content area showed a percentage increase. The highest proxy standard increase was the one that requires energy absorbing surfaces to be placed beneath climbing structures, swings, and slides.

Four out of five of the proxy standards in the general health technical panel content area showed an increase. The highest proxy standard increase was the one that requires the child care center to have a clearly defined discipline policy. The one proxy standard that decreased was the one that requires a good health record for each adult in the center.

Four out of the five proxy standards in the nutrition technical panel content area showed an increase. The highest proxy standard increase was the one that requires for all food staff to have a minimum of six hours training in food service before being employed and yearly thereafter. The one proxy standard that decreased was the one that requires all food served to be conformed to the schedule of meal patterns and supplemental foods of USDA's Child Care Food Program.

All five proxy standards in the prevention and

management of child abuse technical panel content area showed an increase. The highest proxy standard increase was the one that requires the training of staff in child abuse prevention.

Three out of the five proxy standards in the staff health technical panel content area showed an increase. The highest proxy standard increase was the one that requires child care providers to receive continuing education related to occupational health hazards present in child care centers. The two proxy standards that decreased were the following: (1) requiring a pre-employment risk assessment be done to identify provider's risk for illness/injury which may impair his/her ability to provide child care and (2) requiring women of childbearing age to be screened for rubella antibody levels.

Four out the five proxy standards in the children with special needs technical panel content area showed an increase. The highest proxy standard increase was the one that requires children with special needs not to be segregated from other children. The one proxy standard that decreased was the one that requires specialized therapeutic services available as part of an Individual Family Service Plan (IEP).

Four out of the five proxy standards in the health concerns related to social environment and child development technical panel content area showed an increase. The highest proxy standard increase was the one that requires the training of staff on child development principles and issues. The one proxy standard that decreased was the one that requires programs to have guidelines that are flexible, adaptable, and that invites parents and staff to refine and elaborate them in the service of their lifestyle and cultural preferences.

Four out of the five proxy standards in the health and safety organization and administration technical panel content area showed an increase. The highest proxy standard increase was the one that requires that a summary of licensing regulations be made available to parents. The one proxy standard decreases was the one that requires that each child care facility to have a health consultant (physician or nurse) experienced in health promotion and disease prevention.

Data analysis indicated that the top four ratings in each technical panel content area in the partial replicated study as compared to the original study. The top ten scores were 10, 9, 8, and 7 out of a possible

score of 10. The highest top four score ratings in the partial replicated study was in the environmental quality technical panel content area which showed 83% of the scores. The highest top four score ratings in the original study was in the environmental quality technical panel content area which showed 62% of the scores. The lowest top four score ratings in the partial replicated study was in the staff health technical panel content area which showed 2% of the scores. The lowest top four ratings in the original study was in the in the staff health technical panel content area which showed 0% of the scores. The highest average score in the partial replicated study was in the environmental quality technical panel content area. This score for all the states was 8.00. The highest average score in the original study was in the environmental quality technical panel content area. This score for all the states was 6.84. The lowest average score in the partial replicated study was in the children with special needs technical panel content area. This score for all the states was 2.54. The lowest average score in the original study was in the children with special needs technical panel content area. This score for all the states was 1.76. The environmental quality content technical panel content

area was found to have more strength for the top four score ratings in both studies. The staff health technical panel content area was found to have more weakness for the top four score ratings in both of the studies.

The Absent ratings or zero (Ø) scores that appear in twenty (2Ø) states indicated in these technical panel content areas weaknesses in these states according to the criteria set forth by AAP/APHA. These twenty (2Ø) states where these Absence ratings existed were: Arizona, Arkansas, Idaho, Iowa, Kentucky, Michigan, Minnesota, Missouri, Montana, Nebraska, North Carolina, New Hampshire, New York, Oregon, South Carolina, South Dakota, West Virginia, Vermont, Virginia, and Wyoming. Unfortunately, some of these twenty (2Ø) states appeared in the Absence ratings or zero (Ø) scores in more than one technical panel content area in the partial replicated study, the original study, and both of the studies. These weaknesses were specifically in seven of the ten technical panel content areas which were: general health, nutrition, prevention and management of child abuse, staff health, children with special needs, health concerns related to social environment and child development, and health and safety organization and

administration. These Absent ratings or zero (Ø) scores in these technical panel content areas do not mean that these states do not have some form of these proxy standards in enforce, but these states do not have the standards measured in the study which was set forth by AAP/APHA.

The highest increase of all the forty-eight (48) states was 91% or forty-four (44) states in the prevention and control of infectious diseases technical panel content area. The lowest increase of all the forty-eight (48) states was 31% or fifteen (15) states in the staff health technical panel content area. The highest amount of states that stayed the same was eighteen (18) states in children with special needs technical panel content area. This indicates a weakness. The highest number of states that decreased was twelve (12) states in the staff health technical panel content area. This also shows a weakness.

The comparison of the two studies found changes that show strengths and weaknesses in the child care standards in the forty-eight (48) states. However, it is important to note that the guidelines used for the comparison were those set forth by AAP/APHA National Health, Safety, Nutrition, and Sanitation Standards for out-of-home child

care programs.

3. What differences, if any, exist in the seven different configurations, by state, of the National Association for the Education of Young Children (NAEYC) Affiliate Structure on the composite score of the fifty (50) proxy standards set forth by the APHA and AAP?

The partial replicated study was used to address the differences in the seven configurations, by state, of the National Association for the Education of Young Children (NAEYC) Affiliate Structure on the composite scores in forty-eight states who responded. Kruskal-Wallis one-way analysis of variance was run to compare the total scores for all the fifty (50) proxy standards and between states within these seven configurations. An alpha level of .05 was set as criteria for rejection of the hypothesis. The data revealed a probability of .0669. Therefore, the hypothesis was accepted. No significant difference was found in the mean composite scores between the seven configurations.

The State Affiliate Structure group which consisted of nine (9) states was found to have the smallest mean rank. The smallest mean appeared in the State and Local Affiliate Structure group which consisted of eight (8)

states. Both the largest mean and largest mean rank were found in the State, Sub-state, and Local Affiliate Structure group which consisted of only one (1) state.

Conclusions

On the basis of the results of the data analysis compiled in the survey, it appears that certain conclusions can be made. Although these conclusions are made, limitations do exist in this study due to the population surveyed and the specific research instrument used.

The data revealed that National Health, Safety, Nutrition, and Sanitation Performance Standards for out-of-home child care programs set forth by AAP/APHA did improve for the group of states responding. The original study, which developed and first tested these standards, could have had an impact on America's child care licensing requirements. The data results of the analysis from the partial replicate study found that an increased number of states have begun to require more of the fifty (50) proxy standards. The original study did survey all fifty states and eight cities. This partial replicated study only surveyed child care licensing administrators throughout forty-eight states. Nevada and North Dakota did not respond and were not included in the partial

replicated study. Since the original study and the partial replicated study have been completed, weaknesses and strengths were found in state child care licensing requirements. Financial problems such as budget cuts as well as parental finances may have resulted in changes in the directions of some of these child care standards. These changes that were found in these requirements have occurred over the time period since the original survey which was conducted the summer of 1988 until the partial replicated survey was conducted July through November 1992. Since this time necessary legislation to make changes in some of these state child care regulations have occurred. Several states have commented that they were in the process of updating their child care standards during July through November 1992. It is hoped that this partial replicated study has helped in this update. The time and money for both studies were well spent, if at least one child is provided with a safer, more sanitary, healthier, and more nutritional child care program.

It is important at this time to note that if a particular proxy standard was not met, then that is not to say that the state does not have any regulations in that particular area. This only means that a state did

not meet a proxy standard guideline set forth by AAP/APHA.

Unfortunately, the fifty (50) proxy standards only provided one guideline for ratios in America's child care centers. The recommendation of the ratio of one teacher to four infants was a necessary standard. The AAP/APHA standards did not include a standard for the ratios of staff to older children. However, the fifty (50) proxy standards did include group sizes for children eighteen (18) months to nine (9) years.

The federal government has very little input in any legislation concerning child care in America. The states do have the final authority to license child care centers. Therefore, many differences do exist in the licensing requirements. Both the partial replicated study and the original study, however; did find some similarities in these licensing regulations. The partial replicated study revealed several variations in child care standards in state licensing requirements based on the criteria of the AAP/APHA National Health, Safety, Nutrition, and Sanitation Standards for out-of-home child care programs.

The original list of state child care administrators surveyed in the partial replicated study was compiled

from a list from the Children's Defense Fund. The new current list of state child care administrators was developed and utilized in the partial replicated study. This current list will be mailed to all the forty-eight state child care licensing administrators who participated. Perhaps this list can be used to provide better communication among individual state child care licensing administrators.

It is hoped that the results of this partial replicated study will be used to encourage more states to make major improvements in their child care licensing by requiring more of the National Health and Safety Performance Standards for out-of-home child care programs set forth by AAP/APHA. Because of this study and the previous study perhaps future state and federal legislation will be developed to continue to improve guidelines to protect the quality of life for young children in these child care centers. Fortunately, as stated previously, several states have already commented that they are in the process of revising many of their child care licensing regulations. Some of the states also stated that they were already using AAP/APHA's National Health, Safety, Nutrition, and Sanitation Standards for out-of-home child care programs as a guide

for their state child care licensing regulations.

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Table 4

AAP/APHA Collaborative Child Care Standards Project Survey of State Licensing Regulations

Overall State Scores for Child Care Centers (Partial Replicated Study and Original Study)

(Child care centers only) (N = 48 states partial replicated study) (N = 50 states original study)

STATE	Score for Original Study Earlier Score	Score for Partial Replicated Study New Score	Change in Point Score
Alabama	41	51	+10
Alaska	49	49	0
Arizona	50	51	+ 1
Arkansas	27	39	+12
California	55	68	+13
Colorado	28	51	+23
Connecticut	50	56	+ 6
Delaware	76	75	- 1
Florida	42	63	+21
Georgia	34	52	+18
Hawaii	47	66	+19
Idaho	7	16	+ 9
Illinois	63	57	- 6
Indiana	65	67	+ 2
Iowa	38	41	+ 3
Kansas	60	78	+18
Kentucky	32	36	+ 4
Louisiana	22	46	+24
Maine	41	62	+21
Maryland	33	78	+45
Massachusetts	56	64	+ 8
Michigan	41	50	+ 9
Minnesota	51	48	- 3
Mississippi	20	58	+38
Missouri	32	63	+31
Montana	27	54	+27
Nebraska	41	46	+ 5
Nevada	59	—	—
New Hampshire	30	57	+27
New Jersey	50	61	+11
New Mexico	47	49	+ 2
New York	30	50	+20
North Carolina	57	50	- 7
North Dakota	41	—	—
Ohio	60	52	- 8
Oklahoma	46	49	+ 3
Oregon	39	44	+ 5
Pennsylvania	50	68	+18
Rhode Island	42	73	+31
South Carolina	34	38	+ 4
South Dakota	40	49	+ 9
Tennessee	50	60	+10
Texas	41	55	+14
Utah	41	79	+38
Vermont	37	51	+14
Virginia	39	40	+ 1
Washington	41	56	+15
West Virginia	49	39	- 10
Wisconsin	46	62	+16
Wyoming	33	41	+ 8

Key: The State Score represents the cumulative sum of the 50 proxy standards surveyed by 10 content areas with each standard scored as follows:
Standard Absent = 0; Standard Present General = 1; Standard Present Specific = 2; Present In Health Code = 2.
100 is the highest possible overall score and 0 the lowest possible overall score.

(Nevada and North Dakota not included in new partial replicated study.)

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Table 8

AAP/APHA Collaborative Child Care Standards Project Survey of State Licensing Regulations

Seven Configurations by State Groups (NAEYC Affiliate Structure by State) (Partial Replicated Study)

Local	State	State and Local	Regional, State, and Local	Regional and State	State Sub-State, and Local
Arkansas Florida Mississippi	Colorado Hawaii Louisiana Montana North Carolina Oklahoma Oregon South Carolina Wyoming	Alaska Arizona Idaho Kentucky New Mexico New York Utah Washington	Connecticut Delaware Illinois Kansas Maine Maryland Massachusetts Michigan Missouri Nebraska New Jersey Ohio Pennsylvania South Dakota Wisconsin	Indiana Iowa Minnesota New Hampshire Rhode Island Vermont	California
*Nevada not included.				*North Dakota not included.	
			NON-NAEYC REGIONAL AFFILIATION Alabama Georgia Tennessee Texas Virginia West Virginia		

(*Nevada and North Dakota not included.)

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Table 9

AAP/APHA Collaborative Child Care Standards Project Survey of State Licensing Regulations

Results of Kruskal-Wallis Test Using Seven Configurations by State Groups of NAEYC Affiliate Structure Chart (Partial Replicated Study)

(See Table 8)

(Partial Replicated Study) (Child Care Centers)

Affiliate Structure	N	Mean	Mean Rank	Chi-Square	Significance
Local	3	53.33	24.67		
State	9	48.78	16.67		
State & Local	8	48.25	18.50		
Regional, State, & Local	15	61.40	32.57	11.79	.0669
Regional and State	6	56.17	26.08		
State, Sub-State, & Local	1	68.00	42.50		
Non NAEYC Regional Affiliation	6	49.50	19.42		

Nevada and North Dakota not included.)

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